

## Sacred Heart Hospital on the Emerald Coast Implementation Strategy 2017 - 2019

### Overview

In 2015, Sacred Heart Health System (“SHHS”) and the Florida Department of Health - Walton County (“FDOH-Walton”) worked together, in collaboration with other community organizations and agencies, to conduct a community health needs assessment (“CHNA”) for the approximately 59,000 residents of Walton County, Florida.

The area of this needs assessment is defined as the population of Walton County. Walton County is situated in the Panhandle of Florida and encompasses 1,238 square miles. Approximately 15% of Walton County’s land mass is water, and an additional 20% is federally owned as part of Eglin Air Force Base. The county seat is the City of DeFuniak Springs, and the City of Freeport and Town of Paxton are the only other incorporated areas.

Historically, Walton County has been one of the fastest growing counties in the United States. The population grew more than 35% between 2000 and 2010. Between 2010 and 2014, Walton County population grew 11.4%, compared to total population growth in the State of 5.5% during that period. In spite of significant population growth, Walton County has a low population density of 50 people per square mile, and is designated as a statutory rural county by the State of Florida.

Minorities represent about 13% of the total population in Walton County, compared to almost 24% of the population of the State. Only 5.7% of the population of Walton County is Hispanic, compared to 23.3% of the State’s population.

The median household income in Walton County is \$43,640, significantly below that of the State. In 2013, the poverty rate was 33.4%, compared to 29.0% statewide. The unemployment rate as of August 2015 was 4.7%, lower than statewide and a significant improvement from the 9.4% rate reported for 2010.

The CHNA process was led by SHHS and FDOH-Walton, with active participation by community organizations and private and public agencies which collectively comprise the Walton Community Health Improvement Partnership (WCHIP).

The CHNA process included WCHIP meetings, a survey of health and human service organizations, and a community survey distributed both on-line and in paper format. More than 50 people representing more than 30 different community agencies and organizations and the general public participated in various meetings throughout the process. In addition, 253 Walton County residents completed the community survey. Particular focus was placed on obtaining input from vulnerable population groups.

Based on the results of the assessments, a list of 50 health indicators that were of greatest concern in Walton County was identified. Using the County Health Ranking’s model of population health as a framework, the top health issues were presented and discussed at a community meeting organized by WCHIP. Participants were asked to consider three criteria for prioritizing the top issues:

- Severity/Magnitude (of the health issue)
- Feasibility to Address (availability of resources, community will)
- Potential Impact (on community health status)

The 2015-16 Community Health Needs Assessment - Walton County, Florida (CHNA) report (available on-line at [www.sacred-heart.org/CHNA](http://www.sacred-heart.org/CHNA)) details the processes and data used to identify the following the top priority health issues identified for Walton County:

- Provider Availability and Access
- Substance Abuse and Mental Health
- Healthy Weight

## Summary of Implementation Strategy

ACCESS TO CARE	
<b>GOAL:</b>	Increase access to primary care services for the uninsured and underinsured in Walton County.
<b>STRATEGY/ ACTIONS:</b>	Increase the availability of primary care and chronic disease management for uninsured and underinsured adults in Walton County.
<b>BACKGROUND:</b>	<ul style="list-style-type: none"> <li>• Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of healthy life for everyone. Access to care impacts the overall physical, social and mental health status; prevention of disease and disability; preventable hospitalization; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.</li> <li>• Access to care is a major issue in Walton County and is primarily driven by the lack of available providers, high cost of insurance coverage and lack of awareness of available services.</li> <li>• About 22% of the adult population in Walton County does not have a primary care provider, which increased from 19% in the previous period.</li> <li>• Walton County has less providers per population than the state in all four categories for primary care, including family medicine, internal medicine, pediatrics and obstetrics/gynecology. The Health Resources &amp; Services Administration (HRSA) has designated all of Walton County as a health professional shortage area (HPSA) for primary care, mental health and dental care.</li> <li>• The Hope Medical Clinic is a free clinic in Destin, Florida (Okaloosa County) that serves the uninsured and underinsured working residents of Okaloosa and Walton counties. The clinic provides robust primary care services, chronic disease management and referrals for social services and specialty medical care. The current wait time for a new patient appointment referred by the emergency department navigators at Sacred Heart is four to six weeks.</li> <li>• With support from community agencies, the Hope Medical Clinic will open a new clinic in Freeport (central Walton County) over the next 12-18 months. The new clinic will be located in a medically underserved area that easily reaches patients from all parts of Walton County. The clinic will welcome new patients and provide walk-in care a few days a week for established patients. The opening of the new clinic will allow the original clinic in Okaloosa County to enhance services as well, including offering walk-in care a few days a week for established patients.</li> <li>• If the Hope Medical Clinic is able to operate two free clinics with walk-in care services a few days a week, the overall goal is to get new patients referred by the emergency department navigators a new patient appointment within five business days.</li> </ul>
<b>RESOURCES / COMMUNITY PARTNERS:</b>	Sacred Heart Hospital on the Emerald Coast (Administration, Patient Navigators, funding), Hope Medical Clinic
<b>OUTCOMES/ ANTICIPATED IMPACT:</b>	<ol style="list-style-type: none"> <li>I. By June 2017, achieve a minimum of 150 new patients enrolled with Hope Medical Clinic through financial support of clinic operations and patient navigation/ED diversion.</li> <li>II. By June 2017, reduce the amount of time to the next available appointment in Destin for a new patient referred by the ED navigator to 5 weekdays or less.</li> <li>III. By June 2019, reduce the percentage of community respondents that report they could not afford a primary care appointment by 1.7% per follow-up surveying.</li> </ol>

MENTAL HEALTH AND SUBSTANCE ABUSE	
<b>GOAL:</b>	Increase positive infant outcomes due to early identification of prenatal substance abuse.
<b>STRATEGY/ ACTIONS:</b>	Establish policy and environment of care to identify newborns and unborn children exposed to harmful drugs during the prenatal period, implementing an interdisciplinary approach to provide earliest intervention possible for treatment of mother and child.
<b>BACKGROUND:</b>	<ul style="list-style-type: none"> <li>• Currently there are is no policy/ established process for suspected prenatal drug use. In FY 2016, it is estimated that 100 babies were delivered into our facilities that had been exposed to drugs that may lead to complications. Types of drug usage may range from occasional marijuana use to chronic use/addiction.</li> <li>• In utero exposure to certain drugs can cause neonatal withdrawal (Neonatal Abstinence Syndrome - NAS) after birth when the drug is abruptly stopped because the infant, like the mother, has developed physical dependence on the drug.</li> <li>• NAS increases the risk of respiratory complications at birth, low birthweight, prematurity, feeding difficulties, and seizures. Early intervention can reduce the severity of withdrawal, improve symptoms. and reduce the average length of stay (LOS) and transfers to the neonatal intensive care unit (NICU).</li> <li>• The incidence of NAS in the United States has increased form 1.2 per 1,000 hospital births in 2000 to 3.39 per 1,000 hospital births in 2009 (FOAG, 2013).</li> <li>• The rate of Walton County infants with Neonatal Abstinence Syndrome has increased from 7.7 per 1,000 live births in 2007 to 17.1 per 1,000 live births in 2011. This is significantly higher than Florida's rates of NAS at 3.1 &amp; 7.5 respectively (FOAG, 2013).</li> <li>• Providing more information to community health care and service providers on available treatment and intervention resources for pregnant women can help reduce the incidence of Neonatal Abstinence Syndrome.</li> <li>• Cases of interest are identified by DCF inquiry and/or flagged by health professional (community OB, facility) for suspected drug exposure in utero.</li> </ul>
<b>RESOURCES / COMMUNITY PARTNERS:</b>	SHHEC Family Birth Place (FBP), affected staff (social work (SW), nursing, lab technicians, pediatricians, and obstetricians), time, materials, equipment, technology, shipping cost for meconium testing, technology, and community partners such as C.O.P.E., Department of Children and Families (DCF), Healthy Start, and CDAC.
<b>OUTCOMES/ ANTICIPATED IMPACT:</b>	<ol style="list-style-type: none"> <li>I. By June 2017, 65% of cases of interest will be screened within 12 hours of birth for prenatal harmful drug use.</li> <li>II. By June 2017, 75% of women testing positive for harmful drug use during prenatal period and referred to SHHG Social Worker by their PCP/OB will receive Social Worker consultation. (SW Prenatal Referral Consults)</li> <li>III. By June 2017, no more than 50% of SW Prenatal Referral Consults will test positive for harmful drug use upon admission.</li> <li>IV. By June 2017, the average length of stay for newborn cases of interest will be no more than 75% longer than normal newborn average LOS.</li> </ol>

HEALTHY WEIGHT	
<b>GOAL:</b>	Increase the initiation of breastfeeding in Walton County
<b>STRATEGY/ ACTIONS:</b>	Implement policies, training and resources to support breastfeeding among mothers delivering at SHHEC.
<b>BACKGROUND:</b>	<ul style="list-style-type: none"> <li>• Target population is mothers delivering at SHHEC (approximately 1,200/year).</li> <li>• Breastfeeding is an evidence-based intervention that reduces the risk of childhood obesity as well as diabetes and SIDS in children. (WHO, UNICEF, HP2020, CDC)</li> <li>• “Baby Friendly” designation is a system and policy change intervention.</li> <li>• The Baby-Friendly Hospital Initiative (BFHI) is a global program that was launched by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) in 1991 to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. It recognizes and awards birthing facilities who successfully implement the Ten Steps to Successful Breastfeeding (i) and the International Code of Marketing of Breast-milk Substitutes (ii)</li> <li>• All measures/targets are for ‘well babies’ (normal newborn - medically appropriate)</li> </ul>
<b>RESOURCES / COMMUNITY PARTNERS:</b>	Lactation Consultant (L); Hospital admin (H); Hospital Staff RNs (R); Task Force (T); SHHEC Marketing (M); FL Dept of Health-Walton County (DOH-W); SHMG OB-GYNs and Staff (S); Baby Friendly USA (B)
<b>OUTCOMES/ ANTICIPATED IMPACT:</b>	<p>I. By May 2017, achieve Baby-Friendly Designation from Baby-Friendly USA, Inc.</p> <p>II. By May 2017, increase to 90% the percent of mothers delivering at SHECC who attempt breastfeeding.</p> <p>III. By May 2017, increase to 90% the percent of mothers delivering at SHECC who are exclusively breastfeeding at discharge.</p>